

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

RECEIVED

NOV - 2 2007

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Bloc 21

**IMPORTANT:** Indicate by # type of committee you are reporting for:  
( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

|                |                                 |
|----------------|---------------------------------|
| Candidate Name | Political Party (if applicable) |
| Office Sought  | District (if Senate or House)   |

|  |                              |
|--|------------------------------|
| <b>FORM<br/>DR-2</b><br>(Rev. 07/2007) | <b>DISCLOSURE<br/>REPORT</b> |
| <b>For Office Use Only</b>             |                              |
| Comm. #                                | _____                        |
| Logged In                              | _____                        |
| Scanned                                | _____                        |
| Computer                               | _____                        |
| Audited                                | _____                        |

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Michael A. [Signature] 319.331.2553 11-1-07  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ..... \$ 726.52

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 7000.00

Schedule F: Loans Received total (Attach Schedule F) ..... \_\_\_\_\_

Schedule H: Total Sales of Campaign Property (Attach Schedule H) ..... \_\_\_\_\_

**(Schedule H applies to Candidates' Committees Only)**

**SUB-TOTAL** ..... \$ \_\_\_\_\_

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*also see debts and loans below) ..... 2465.85

Schedule F: Loan Repayments total (Attach Schedule F) ..... \_\_\_\_\_

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero) ..... \$ 5260.67

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D) ..... \$ \_\_\_\_\_

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) ..... \$ 400.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) ..... \$ \_\_\_\_\_

**CONSULTANT BREAKDOWN** (Schedule G Attached?) ..... YES \_\_\_\_\_ NO \_\_\_\_\_

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) ..... \$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

|   |                              |
|---|------------------------------|
| <b>SCHEDULE</b><br><b>A</b><br>(Rev. 07/03)                 | <b>MONETARY<br/>RECEIPTS</b> |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                              |

**COMMITTEE NAME** (Must be same as on Statement of Organization)

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**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR                     | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED   | ✓ IF FOR<br>FUND-<br>RAISER<br>INCOME |
|-----------------------------|---|---|--|----------------------|---------------------------------------|
| Oct 25<br>2007              | ID#<br>CK#  | Fieldhouse<br>113 E. College<br>Iowa City, IA 52240 |  | \$5000 <sup>00</sup> | <input type="checkbox"/>              |
| Oct. 23<br>2007             | ID#<br>CK#  | 10 Scrimmon St<br>Iowa City, IA 52244<br>The Summit |  | 2000 <sup>00</sup>   | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |
|                             | ID#<br>CK#  |   |  |                      | <input type="checkbox"/>              |

SUB-TOTAL

\$7000<sup>00</sup>

TOTAL (If last page of this schedule)

\$7000<sup>00</sup>

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>B</b><br>(Rev. 07/03)                        | MONETARY<br>EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

COMMITTEE NAME (Must be same as on Statement of Organization)

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| DATE<br>EXPENDED<br>(MM/DD/YR)        | CANDIDATE<br>ID NUMBER<br>(if applicable)<br>AND PAC<br>CHECK<br>NUMBER | NAME AND ADDRESS TO WHOM<br>EXPENDITURE<br>(Disbursement) WAS MADE | PURPOSE<br>(DESCRIBE TRANSACTION) | AMOUNT<br>EXPENDED |
|---------------------------------------|---|--|-----------------------------------|--------------------|
| 10-19-07                              | ID#<br>CK# 1003   | Press-Citizen<br>PO Box 2480<br>Iowa City IA 52244                 | advertising                       | \$2082.00          |
| 10-23<br>07                           | ID#<br>CK# 1032   | Zephyrs  | copy s                            | 27.88              |
| 10-22<br>-07                          | ID#<br>CK# <del>1004</del>  | Signs 3 Screenprinters<br>505 Southgate<br>Iowa City IA 52240      | banners                           | 355.97             |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
|                                       | ID#<br>CK#  |  |                                   |                    |
| SUB-TOTAL                             |   |  |                                   | \$2465.85          |
| TOTAL (if last page of this schedule) |   |  |                                   | \$2465.85          |

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Blac 21

Reset Form

|   |                          |
|---|--------------------------|
| SCHEDULE<br><b>E</b><br>(Rev. 06/97)                        | IN-KIND<br>CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF<br>AMENDING FORM |                          |

| DATE<br>RECEIVED<br>(MM/DD/YR) | NAME AND ADDRESS<br>OF CONTRIBUTOR                    | RELATIONSHIP<br>TO CANDIDATE<br>* (if applicable) | DESCRIPTION<br>OF IN KIND<br>CONTRIBUTION | ESTIMATED<br>FAIR MARKET<br>VALUE | ✓ IF FOR<br>FUND-RAISER<br>CONTRIBUTION |
|--------------------------------|---|---|---|-----------------------------------|---|
| Oct<br>07                      | The Summit<br>10 S. Clinton<br>Iowa City, IA 52244    |   | supplies<br>printing<br>office supplies   | \$ 300 <sup>00</sup>              | <input type="checkbox"/>                |
| Oct<br>07                      | Ryan From<br>1090 Glen Oaks Dr<br>Coralville IA 52241 |   | use of<br>Vehicle                         | 100 <sup>00</sup>                 | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |
|                                |   |   |   |                                   | <input type="checkbox"/>                |

SUB-TOTAL \$ 400<sup>00</sup>TOTAL (if last  
page of this  
schedule) \$ 400<sup>00</sup>

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule E)